

2. Name (Last, First, MI) MARKYVECH, RONALD K.
 Secy: Carole Hibner

3. Div/Dept. No. 0039 0380 4. Report No. _____

5. Dates of Expense: From 8-29-94 To 8-31-94

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
6. Date		8-29-94	8-30-94	8-31-94		8/26/94		
7. City		TRAVERSE	MARSHALL	MARSHALL		Southfield		
State/Country		MI	MI	MI		MI		
8. Meals		15 35	17 33	16 28				48 96
9. Incidentals								
10. Hotel/Motel		77 76	45 78					123 54

Accounting Use Only

12. County Code								
Per Diem Rate								
Variance								

13. Telephone		1 79						1 79
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14. Taxi, Auto Rental, Local Transp.								
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Rate _____ per mile (miles)	()	()	()	()	()	()	()	()
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15. Auto Expense Personal <input type="checkbox"/> Leased <input type="checkbox"/>								
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16. Employee Purchased Transp.								
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17. *Entertainment								
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18. Parking								
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19. *Guest Meals								
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20. Company Paid Transportation								
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21. Leased Car Maint. (Detail Over)								
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22. *Other						14 22		14 22
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23. Total Expense		94 90	63 11	16 28		14 22		188 51
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Account Distribution: Advances: (Cash, Check, Hotel deposits) ☒

Div.	Gr	Cl	Sub	Dept	Prod	Source	Amount	
	74	09	900			5956-01	123.54	
			905					
	74	09	907			5956-01	48.96	
			920					
	74	04	410			5956-01	1.79	
	74	02	294			5956-01	14.22	
						Total	188.51	

Company paid transportation ☒

Carry over from previous report (if applicable) ☒

Amount due employee _____

Amount due company _____

PAID SEP 13 1994

Purpose of Trip: Project #5956-01 Auto Split Concept Transmission Development Road Trip.

*Explain Expenditures Above By Day:

Sunday: _____

Monday: LINE 8 PURCHASED BREAKFAST FOR TOM GENISE, JOHN DRESDEN AND MYSELF.

Tuesday: LINE 8 PURCHASE LUNCH FOR TOM GENISE, JOHN DRESDEN AND MYSELF.

Wednesday: LINE 8 PURCHASE LUNCH FOR TOM GENISE, JOHN DRESDEN AND MYSELF.

Thursday: _____

Friday: LINE 22 INCLUDED SMALL PARTS PURCHASED EARLIER FOR THIS PROJECT

Saturday: _____

Exhibit 3

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

Employee Signature R. K. Markyvech Date 8-6-94 Authorized For Reimbursement John Smedley Date 9/7/94

R. K. Markyvech/ch Approved D. G. Smedley 9/13/94

Best Available Copy

1. Employee No. 21700

2. Name (Last, First, MI)

DRISDEN, JOHN III

3. Div/Dept. No.

039

4. Report No. 1

5. Dates of Expense: From 8-22-94

To 8-31-94

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
6. Date		8-29	8-30	8-31				
7. City								
State/Country								
8. Meals		10 00	15 00	10 00				35 00
9. Incidentals								
0. Hotel/Motel		83 15	45.78	53.41				182.34
1. Subtotal								182.34
2. Accounting Use Only								
County Code								
Per Diem Rate								
Variance								
3. Telephone			7 63					7 63
4. Taxi, Auto Rental, Local Transp.								
Rate _____ per mile (miles)	()	()	()	()	()	()	()	()
5. Auto Expense Personal <input type="checkbox"/> Leased <input type="checkbox"/>								
6. Employee Purchased Transp.								
7. *Entertainment								
8. Parking								
9. *Guest Meals								
0. Company Paid Transportation								
1. Leased Car Maint. (Detail Over)								
2. *Other		6 35						6 35
3. Total Expense		99 50	68 41	10 00				177 91

Account Distribution:

Div.	Gr	Cl	Sub	Dept	Prod	Source	Amount
	74	09	900			5956-01	128.93
			905				
	74	09	907			5956-01	35.00
			920				
	74	04	410			5956-01	7.63
	74	02	294			5956-01	6.35
						Total	177.91

Advances:

(Cash, Check, Hotel deposits)

Company paid transportation

Carry over from previous report (if applicable)

Amount due employee

Amount due company

595678 AID SEP 13 1994

Purpose of Trip: TEST AUTO SPLIT TRANS

Explain Expenditures Above By Day:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

Employee Signature [Signature]

9-5-94

Date

Authorized For Reimbursement

[Signature]

Approved

9/7/94

Date

9/13/94

Printed in U.S.A.